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```

#####�########=###�#   %####�######
#####################�############�#Z###Psychological Health and Traumatic Brain
Injury (PH/TBI)#Research Program Fiscal Year 2007##�############�#Q###Presented
by
Janet Harris, Ph.D., RN#Colonel, US Army Nurse Corps
Director,
CDMRP##�#####R######0##Z###R###########�#####�###########�#########�###########�
#

###Introduction##�###########�#�###CDMRP overview
PTSD/TBI* Research Program overview
Investment strategy
PTSD/TBI Research Program Award mechanisms
Outcomes of Programmatic Review##�#
###�#####H#####d#�###################�#####�###########�#########�###########�#
###CDMRP History##�###########�#}###In 1993, grassroots advocacy heightened political awareness of breast cancer
Federal budgetary opportunities spurred Congress to appropriate $210M to the DOD budget for the Breast Cancer Research Program
Program assigned to the USAMRMC; subsequent consultation with the Institute of Medicine (IOM) for programmatic advice
Additional research programs added and managed by the CDMRP##�#####~#####H#####d#~#########�#####�###########�#########�###########�#

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##Prioritized PTSD Research Gaps and Percent of Funds
Allocated##�###########�#�####Treatment and Intervention:  50%
Prevention:  15%
Measures in Screening, Detection, and Diagnosis:  10%
Epidemiological Studies:  10%
Families/Caregivers Projects:  10%
Neurobiology/Genetics:
5%##�#####�#####H#####d#�#########�#####�###########�#########�###########�#
###Program Cycle##�#####�###########�#########�###########�#####FY07 PTSD/TBI
Award Mechanisms ##�# ###
###########################�#3�##�#####�###########�#########�###########�#*###F
Y07 PTSD/TBI Award Mechanisms
(Continued)##�#####�###########�#########�###########�#<###PH/TBI Research
Program Investment #by Research Gaps to
Date##�#####�###########�#########�#####�###########�#########�###########�#####
Military and VA
Collaborations##�#####�###########�#########�###########�#,###PTSD Clinical
Trials#Recommended for Funding##�###########�#|###29 trials; total cost: ~$58M
Treatment
Neurobiology of Sleep and Sleep Treatments in PTSD (NOS-STIP)
Using Propranolol to Block Memory Reconsolidation in Female Veterans with PTSD
Randomized Controlled Equivalence Trial Comparing Videoconference and Face-to-
Face #Delivery of Cognitive Processing Therapy for PTSD
Comparing Virtual Reality Exposure Therapy to Prolonged Exposure in the
Treatment of #Soldiers with PTSD
Innovative Service Delivery for Secondary Prevention of PTSD in At-Risk OIF-OEF
Service #Men and Women
Telemedicine for Improved Delivery of Psychosocial Treatments for Post-Traumatic
Stress Disorder
Telemental Health and Cognitive Processing Therapy for Rural Combat Veterans
with PTSD
A Randomized, Placebo-Controlled Trial of the Dopamine Beta Hydroxylase (DBH)
Inhibitor, Nepicastat, for the Treatment of PTSD in OIF/OEF Veterans
Neural Correlates of Early Intervention for PTSD
Prazosin for Treatment of Patients With PTSD and Comorbid Alcohol Dependence
A Placebo-Controlled Augmentation Trial of Prazosin for Combat Trauma PTSD
The STRONG STAR Multidisciplinary PTSD Research Consortium (several clinical
trials proposed)
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##########P#U#####H#####d#P##########P###########�f#�
##########V###########�#�###k#################�#######
#########�########################
#########a#################)#################?
################w#########�#####�###########�#########�###########�#8###PTSD
Clinical Trials#Recommended for Funding (continued)##�###########�#�###Cognitive
Behavioral Therapy
Cognitive Behavioral Social Rhythm Therapy (CBSRT) for Sleep and Mood
Disturbances in Veterans with PTSD
Pilot Trial of Inpatient Cognitive Therapy for the Prevention of Suicide in
Military Personnel With Acute Stress Disorder or Posttraumatic Stress Disorder
Effectiveness of Cognitive Exposure and Skills Group Manualized Treatments in
OIF/OEF Female Veterans
CBT for Nightmares in OEF/OIF Veterans
PTSD-Focused Cognitive Behavioral Therapy for Partner Violent OIF/OEF Veterans
Intervention
Family-Based Intervention with Traumatized Service Members and Their Young
Children
Identification of and At-Risk Interventions for Predeployment Psychophysiologic
Predictors of Postdeployment Mental Health Outcomes
Homecoming Line: Telephone Support for Veterans
Soldier to Civilian: RCT of an Intervention to Promote Postdeployment
Reintegration
```

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#####0##
��#####�###########�#L###Advocates
Demonstrate need
Participate at all levels
Passion and perspective##�#N###
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###########�#3�C###############b�##�#
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#################################################################################
#####################################    ###############
#########
�#####�############�#####Service Clinical Consultants
Air Force:
   LtCol Debra Malone
   Col Michael Jaffee
   Maj William Isler
Army:
   COL Mary Erickson
   COL Elspeth Ritchie
   LTC Kurt Grathwohl
Marine Corps:
   CDR William Tanner
   Mr. Bruce Barnes
Navy:
   CAPT Robert Koffman
   CAPT James
Bloom##�###########0####P#############�f#�###################################
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##
�i#####�###########�#####Assists in policy
development##�#0######################################################��###2#
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#####�#####�#####□########�####0#�#�#S   ##
�j#####�###########�#0###Provides input
for dissemination of
 information##�#####1###########1####################��###2#
�#####l###
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##
�e#####�###########�#+###Programmatically
reviews research
proposals##�#####,###########,####################��###2#
�#####l###
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#####�#####�#####□########�####### p#3###
�d#####�###########�#*###Recommends a
research investment
strategy##�#####+###########+####################�B#####
�#####l###
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####
��#####�###########�#�###To spark new ideas, innovative technologies, and groundbreaking concepts that will drive the field of PTSD and/or TBI research forward##�#####�###### ######�#######

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##�###�N###⎕#####�###L#�#####�#####�#####�######�#
      ###�######�#�1##�############?#####⎕########�####�###�###�####�
####
��#####�############�#�###To accelerate the introduction of improved therapies,
treatments, devices, or technologies for PTSD and/or TBI into the clinical
setting##�#####�####### ######�########
```

##�####�
####
�#####�###########�#l###To escalate development and marketing of novel, military-relevant PTSD and TBI treatments and interventions ##�#####m######
#######m#######

####

� #####�###########�#�###To optimize research and accelerate the solution of a single critical major overarching problem in PTSD and/or TBI research relevant to the prevention, detection, diagnosis, and/or treatment of PH issues and/or TBI##�#####�###### ######�#######

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      ###�######�#�1##�#############?######□########"�#####�###`####�#####�####�####�###}
####
�######�#############�#n###To assess therapeutics and devices for the treatment,
prevention, detection, and diagnosis for PTSD and/or TBI##�#####o######
######o#######
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##�##�<###�#�,P#�#####�#####�#####�#####�#####�##|##�#####�##############�####v
�#�#####
�#####�###########�#}###*The $60M budget for the Clinical Consortium
Coordinating Center and Study Sites was distributed between both PH and TBI
gaps##�#####~#########~###########
###b�###�H#####
�#####�###

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�#########
##�##�<###�#�□P#�#####�#####�#####�#####�#####�##|
##�#####�##############�####�#@#�#)
##
�{#####�###########�#####Coordinating Center:
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UCSD
Study Sites:
Dartmouth College
Duke University
Madigan Army Medical Center
Medical University of South Carolina
Spaulding Rehabilitation Hospital
USUHS
UCSD
University of Cincinnati
University of Maryland
University of Washington

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#U###
��#####�###########�#�###The OCRP is a partnership formed by the Department of Defense, Consumer Advocates, and Scientists and Clinicians. When you think of DOD involvement you may only think of CDMRP but we are supported by a number of separate offices including the Acquisitions or Contracting specialists and the Regulatory specialists. The former are responsible for developing the contract with grantees and the latter assure that animal and human protection as well as safety and environmental compliance. Consumers have been pivotal in the establishment and continuation of funding for the OCRP. Equally important is the participation of consumers at the peer review and integration panel levels. Consumers bring a critically valuable perspective to the program. Finally, scientists and clinicians serve not only as peer reviewers and integration panel members but as funded investigators. Without your work the program would be nonexistent. ##�#####�#########�############�H#####
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###�#######�###########On-screen
Show##########SAIC########��######_###############
########################'##############################################Times####
#Times New Roman#####Arial#
###Wingdings#####Monotype Sorts#####Default Design#[###Psychological Health and
Traumatic Brain Injury (PH/TBI) Research Program Fiscal Year 2007#
###Introduction#####CDMRP History#
###Partnerships#####Program Features#####CDMRP Funding History#####Congressional
Language#####Background#,###FY07 Joint Program Integration Panel
(JPIP)#####Integration Panel (IP)#####Vision and Mission#=###Prioritized TBI
Research Gaps and Percent of Funds Allocated#>###Prioritized PTSD Research Gaps
and Percent of Funds Allocated#####Program Cycle# ###FY07 PTSD/TBI Award
Mechanisms #+###FY07 PTSD/TBI Award Mechanisms (Continued)#=###PH/TBI Research
Program Investment  by Research Gaps to Date#  ###Slide 18#####Military and VA
Collaborations#-###PTSD Clinical Trials Recommended for Funding#9###PTSD
Clinical Trials Recommended for Funding (continued)#,###TBI Clinical Trials
Recommended for Funding#     ###Slide 23#
```